

**APPLICATION FOR EXTENSION OF TIME
FOR PAYMENT OF FINE, COURT COSTS, AND FEES**

(FOR OFFICE USE ONLY)

Defendant _____	Fine, Fees & Costs _____
Case Number _____	Interviewer _____
Court Number _____	Review Date _____
Attorney _____	

(Complete Both Sides. Please Print.)

PERSONAL:

NAME _____
Last First Middle Nickname

STREET ADDRESS _____
Street Number Street Apt. City State Zip

MAILING ADDRESS _____
Post Office Box or Street Apt. City State Zip

PHONE () _____ If no phone, number where can you be reached? () _____

Race _____ Sex _____ Ht _____ Wt _____ Color Eyes _____ Color Hair _____

Date of Birth _____ Drivers License No. _____ Social Security No. _____

Married _____ Single _____ Separated _____ Divorced _____ Education _____ (Grade Level Completed)

If Married, Spouse's Name _____
Last First Middle

Spouse's Address & Phone if different _____
Street Address City & State () Area Code & Phone Number

Nearest Living Relative **Not** Residing With You _____ Relationship _____

Address & Phone Number _____
Street Address City & State () Area Code & Phone Number

List of Names, Addresses & Phone Numbers of Two (2) Personal References **Not** Related to You:

Name _____	Street Address _____	City & State _____	() Area Code & Phone Number _____	Years Known _____
Name _____	Street Address _____	City & State _____	() Area Code & Phone Number _____	Years Known _____

ASSETS:

Employer _____
Name Address Phone Position How Long?

Supervisor's Name _____ Your Pay Days _____ Take Home Pay \$ _____ Wk. _____ Month _____

Previous Employer _____
Name Street Address City & State () Area Code & Phone Number From/To

Spouse's Employer _____
Name Street Address City & State () Area Code & Phone Number Position

Supervisor's Name _____ Pay Days _____ Take Home Pay \$ _____ Wk. _____ Month _____

Please Check Any Other Sources of Income You Receive and the Amount(s):

Welfare	\$ _____/Month	Medicaid	\$ _____/Month	Retirement	\$ _____/Month
Soc. Sec.	\$ _____/Month	Unempl.	\$ _____/Month	Disability	\$ _____/Month
Other	\$ _____/Month				

Bank Accounts _____ Checking At: _____ Balance: \$ _____
Savings At: _____ Balance: \$ _____

Automobiles _____
Year Make Model Year Make Model

Do You Own a Home or Any Other Real Estate? Yes _____ No _____ If yes, where? _____

-- OVER --

OBLIGATIONS:

Other Than Yourself, How Many People Do You Support Directly? _____

List All Your Creditors (*Mortgage Companies, Banks, Credit Card Accounts, Finance Companies, Rent-To-Own Companies*). Use a Separate Sheet of Paper to List Additional Creditors.

Company Name _____	Balance Owing _____	Payment Amount(Wk./Mo.) _____
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Company Name _____	Balance Owing _____	Payment Amount(Wk./Mo.) _____
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Company Name _____	Balance Owing _____	Payment Amount(Wk./Mo.) _____
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Company Name _____	Balance Owing _____	Payment Amount(Wk./Mo.) _____
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Monthly Expenses:

Rent/Mortgage \$ _____	Utilities \$ _____	Phone \$ _____	Food \$ _____
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Vehicle Ins. \$ _____	Child Care \$ _____	Alimony \$ _____	Other \$ _____
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Please Check One Regarding Your Residence:

_____ Own Your Home

_____ Rent.....Landlord _____	Name _____	Street Address _____	City & State _____	(_____) Area Code & Phone Number
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_____ Live with Parents

_____ Other.....Please Explain _____

ACKNOWLEDGMENT AND DECLARATION

Under penalty of perjury I hereby certify the foregoing as being a complete and accurate statement of my current financial condition. I authorize the Municipal Court of El Paso, its employees or agents to conduct a complete and thorough investigation of my statement.

I understand this investigation could include direct verifications of all information given and the obtaining of reports from credit reporting agencies. It is with this understanding and acknowledgment that I formally request an extension of time for payment of the fine and court costs now due and payable to the City of El Paso.

X _____
Defendant's Signature

DATE

Sworn to and subscribed before me this _____ day of _____, 20____, by the defendant.

El Paso Municipal City Clerk

El Paso, Texas

By _____ Clerk